

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213521306

1.) CORPORATION NAME:

WILLIAMSBURG CHRISTIAN RETREAT ASSOCIATIONDUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ROBERT W BRISCOESCC ID NO: **02576528****WILLIAMSBURG CHRISTIAN RETREAT ASSOCIATION
9275 BARNES ROAD**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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TOANO, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9275 BARNES ROAD

CITY/ST/ZIP: TOANO, VA 23168

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES HULSEY
TITLE: DIRECTOR
ADDRESS: 8226 ELLERSON GREEN PLACE
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116

<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT W BRISCOE
TITLE: ASST SEC
ADDRESS: 9241 A BARNES RD
CITY/ST/ZIP/CO: TOANO, VA 23168

<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JEFFREY DEEL
TITLE: TREASURER
ADDRESS: 8 ROLLINGWOOD PLACE
CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606

<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LAVONNE W LEHMAN
TITLE: SECRETARY
ADDRESS: 8831 RICHMOND ROAD
CITY/ST/ZIP/CO: TOANO, VA 23168

<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SHAWN D MANNING
TITLE: DIRECTOR
ADDRESS: 3316 NEWLAND COURT
CITY/ST/ZIP/CO: TOANO, VA 23168

<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL STOLTZFUS
TITLE: DIRECTOR
ADDRESS: 1048 COLLEGE AVE
CITY/ST/ZIP/CO: HARRISONBURG, VA 22802

<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	GLEN STOLTZFUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	981 SUMMIT AVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		
NAME:	VALERIE WERMUTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13116 AUBURN MILL LANE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	JUNE HARTZLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	588 COLONY ROAD		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602		
NAME:	GLEN KAUFFMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2143 Lake Terrace Drive		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		
NAME:	CHESTER MAST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	420 WENGER ROAD		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	MERLE SWAREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	643 PINE AVENUE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT W BRISCOE	ROBERT W BRISCOE, ASST SEC	5/2/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			